

5930 Work Plan Template Consolidated Contract Deliverable

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 Date:
 LHJ Work Plan Contact:

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Performance Measure #1 – Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on HPV vaccine in King County.

Reporting Measure

A: Number of doses of vaccine ordered by each LHJ

B: Number of doses administered as recorded in CHILD Profile

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
1a	Increase public awareness of HPV disease and the benefits and availability of HPV vaccine through educational outreach efforts among health care providers and other organizations targeted to parents and adolescent girls.	<p>Employ Advanced Practice Nurse Specialist. Perform site visits annually of 25% health care providers receiving HPV vaccine through Vaccines for Children Program.</p> <p>Partner with community-based organizations to promote HPV vaccination.</p>	<p>Combined 5930 activities with Vaccine for Children (VFC) required deliverables. Completed: 1) Educated providers during VFC quality assurance site visits on adolescent vaccination recommendations. Conducted 69 VFC site visits. 2) Administered VFC program for distribution of HPV vaccine (through June 2009; HPV no longer provided through VFC program effective July 1, 2009) and monitored ordering/usage. 30,611 doses of state-funded HPV vaccine were administered to females age 9 through 18 years in 2009, 20,561 of those between January 1 and June 30, 2009. Beginning July 1, 2009, state-funded vaccine was only available to girls 9 through 18 years who were VFC-eligible (i.e., enrolled in Medicaid, Native American/Alaska Native, uninsured, or underinsured) or</p>

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1a	<p>Continued</p> <p>Increase public awareness of HPV disease and the benefits and availability of HPV vaccine through educational outreach efforts among health care providers and other organizations targeted to parents and adolescent girls.</p>	<p>Continued</p> <p>Employ Advanced Practice Nurse Specialist. Perform site visits annually of 25% health care providers receiving HPV vaccine through Vaccines for Children Program.</p> <p>Partner with community-based organizations to promote HPV vaccination.</p>	<p>covered by state-funded insurance plans. Only 10, 050 doses of state-funded HPV were given between July 1 and December 31, 2009. Purchased HPV vaccine doses were given by many providers to girls not eligible for the state-funded HPV, but number of purchased doses is not available.</p> <p>3) Collaborated with IACW and Swedish Hospital to offer CME conference on immunizations in April 2009; adolescent immunizations and strategies to promote adolescent visits were discussed. Additional on-line CME course offerings specific to the adolescent immunization announced in VacScene newsletter. Sponsored CDC annual Immunization Update in August 2009.</p> <p>4. Provide technical assistance on adolescent vaccines to HCPs; respond to inquires received through CD/IMMS phone line and website.</p> <p>5. In partnership with School-Based Health Clinic Program, Public Health Prevention Division, program staff completed an assessment of SBHC immunization practices to promote HPV vaccine to health center users and to raise awareness among the general school population were implemented.</p>

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1b	Increase public awareness of HPV disease and the benefits and availability of HPV vaccine through educational outreach efforts targeted to parents and adolescent girls.	Develop educational materials and media plan, and implement distribution.	<p>Completed: 1. Developed a fact sheet for parents promoting importance of adolescent immunizations and translated it into nine languages. Posted on PHSKC website as well as IACW website. Contacted all school districts in KC; they are amenable to posting the fact sheet on district and individual school websites, newsletters for distribution to parents.</p> <p>2. Collaborated with IACW to develop key messages targeted for adolescents and their parents on vaccine recommendations; posted on IACW website.</p>
1d	Target outreach and education to populations at high risk for cervical cancer and for non-compliance with recommendation for routine screening based upon best available data (through coalition of organizations that comprise the Women's Breast and Cervical Cancer Program). Populations include Vietnamese, Hispanic and low-income.	Create and implement curricula for "Train the Trainer" programs	<p>Completed; 1. Collaborated with Women's Breast and Cervical Health Program (WBCHP), CASA Latina women's leadership group and International Community Health Services to develop and implement a train-the-trainer and peer-based HPV education curriculum targeted to Latina and Vietnamese women. Twenty-seven sessions were completed through May 2009.</p> <p>2. Developed and implemented an ethnic media campaign that used radio, print, and TV ads promoting HPV vaccinations and cervical cancer screening for Latina and Vietnamese women and children, including referrals and resource information for health care services.</p>

Performance Measure #2 – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

Reporting Measure

A: Percent of notifiable condition cases reported to the LHJ within the required timeframe (per WAC)

B: Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the timeframe specified in the Guidelines

C: Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “essential fields”

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
2a	Participate with WaDOH and other local health jurisdictions to clarify and agree on definitions for reporting requirements in this performance measure, and update internal Public Health protocols to standardize timelines and content for disease reporting and investigation in order to enhance tracking of performance measures and seek quality improvement	Communications with WaDOH. Revise protocols.	Completed: Collaborated with WA DOH on creating case report forms for 2009 H1N1; internal protocols adapted from WA DOH protocols to ensure standardization of content.
2b	<p>Assure adequate staffing to perform disease investigation, surveillance, outbreak response, and reporting activities of the PHSKC Communicable Disease Immunization Section and Tuberculosis Program including meeting WA State requirements: Conduct case and outbreak surveillance and disease response activities within target time frames.</p> <ol style="list-style-type: none"> 1. Assure availability of medical epidemiologist and staff to assist with investigations and disease control activities 2. Produce annual surveillance summary. 3. Assure use of current, standardized disease investigation protocols by staff 4. Improve school-based absenteeism surveillance system. 5. Provide enhanced case management efforts for controlling increasing rates of TB. 	<p>Employ .9 FTE medical epidemiologist and support staff in the Communicable Disease Section. Employ two Public Health Nurses and a Health Outreach Worker in the TB Program. Incorporate use of current disease investigation protocols into annual performance expectations of staff.</p> <p>Assure annual review and revision (as necessary) of disease investigation protocols.</p>	<p>Completed: Medical epidemiologist supervises day to day work of disease investigation team. 2008 surveillance summary published. Intranet site created to facilitate use of internal protocols. School based absenteeism surveillance transitioned to an automated electronic system.</p> <p>TB: Completed; 5930 funding was provided to TB Program in 2008 in order to enhance TB case management during the Marshallese TB outbreak which is now controlled. The TB Program in 2009 has reorganized and consolidated its case management services to handle the impact of fewer resources.</p>

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
2c	<p>Provide improved database capabilities for infectious diseases</p> <ol style="list-style-type: none"> 1. Upgrade the Public Health Laboratory database for tracking lab tests to meet current technology standards and enhance tracking and reporting of lab tests, and 2. Develop a business plan and research options for acquisition of a new communicable disease database with web-based capabilities and applicable interfaces and connectivity to assure compliance with standards for case investigation, surveillance and reporting, and to enhance ability to conduct sophisticated analyses of disease trends and conduct epidemiological exercises to respond quickly and effectively to disease reports and outbreaks. Capabilities will include: <ul style="list-style-type: none"> • Flexibility, including ability to modify fields at the local level as needed • Suitable for in depth analysis and generating customized reports • Acquisition of legacy data • Accept disease reports electronically from health care providers and labs • Capacity for case investigation and management, surveillance and outbreak response functionality. • Interoperability including interfacing with WaDOH PHIMS reporting system, eliminating the need for double data entry into both PHIMS and the Communicable Disease database • Enabling PHSKC epidemiologists direct access to beneficial data summaries of PHIMS and PHRED for analysis • Capacity to function as Perinatal Hepatitis B database 	<p>Purchase of lab test database upgrade (MLAB);</p> <p>Establish an open secure VPN network connection between PHSKC and WaDOH-based PHIMS and PHRED servers;</p> <p>Employ part-time Information Specialist and contract for business plan to identify business needs and purchase communicable disease software application;</p> <p>Coordinate with WaDOH in database interfaces.</p> <p>Purchase appropriate Communicable Disease database</p>	<p>Completed: MLAB database purchased and installed in the Public Health Laboratory. Intranet site that summarizes and maps cases in CD database deployed in February 2009.</p> <p>Completed: Upgraded communicable disease database deployed in December 2009 with improved case classification capabilities, more fields for tracking laboratory data, better data quality checks, and improved ability to search for legacy data by condition. Initial testing of outbreak module with ability to create and modify fields at local level completed; scheduled for rollout in February 2010.</p> <p>Double data entry still required into PHIMS and the CD database. More epidemiologists trained on exporting and analyzing data from PHIMS.</p> <p>Perinatal hepatitis B database currently being upgraded from a DOS based application to a SQL server based database with a Visual Basic NET front end; anticipate deployment fall 2010.</p>

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
2d	Support Public Health Laboratory capacity to prevent infectious disease and maintain preparedness surge capacity with bridge funding, and identify long-term business needs and stable ongoing funding mechanisms to sustain lab services.	Employ fulltime Senior Microbiologist, Microbiologist and Lab Assistant, and purchase lab test kits and supplies. Employ Public Health Nurses and Outreach Workers	Partially completed. 5930 funding bridged the Public Health Lab shortfall in 2008. Preparedness grant funding was secured for the latter part of 2009 and into 2010. A new MOA with WA-DOH was established to shift certain lab tests to DOH lab. Discussions continue for ongoing financial stability and handling of tests distributed to DOH Lab.
2e	<p>Zoonotics/EH Improve surveillance and preparedness response for West Nile virus (WNV), avian influenza, other emerging zoonotic or vector-borne infections, and foreign animal diseases</p> <ul style="list-style-type: none"> ▪ Develop capacity for data management, real-time mapping (GIS), and statistical methods to detect significant clustering of events (temporal-spatial analysis) ▪ Participate in multi-agency work groups, preparedness exercises, and strategic planning ▪ Implement faster and cheaper methods for avian WNV testing ▪ Enhance preparedness response with special emphasis on non-English speaking, vulnerable populations, and community outreach 	Hire 0.5 FTE epidemiologist qualified to perform GIS and temporal-spatial analysis; purchase software and equipment (DYCAST, ARCPAD w/ hand-held, STATA); provide training in applied spatial analysis. Train staff in new method of avian WNV testing and specimen shipment. Contract for translation services, update and reprint WNV materials in 7 languages.	<p>A skilled epidemiologist was hired in 2008 who developed a robust data management system for avian and mosquito surveillance data; real-time GIS mapping and temporal spatial analyses were performed on mosquito and avian mortality data. Collaborations with scientists at the University of British Columbia, WA DOH, and WDFW occurred to analyze and share data. Avian surveillance was successfully converted to the oral swab method for 2008 and 2009.</p> <p>Low-level Incident Command was instituted at PHSKC during the 2008 WNV season to assure preparedness, with emphasis on vulnerable populations. A Public Information Call Center system was developed to handle all types of urgent public health issues and piloted for WNV response. Distribution of WNV prevention materials in 7 languages was maintained but materials were not updated. The epidemiologist position could not be continued for the 2009 WNV season due to insufficient funding and a planned reduction in WNV surveillance activities.</p>
2f	<p>Improve surveillance capacity for mosquitoes and other arthropod vectors and ability to detect exotic (non-native) species</p> <ul style="list-style-type: none"> ▪ Increase number of mosquito EVA trap sites and implement use of gravid traps; increase number of mosquitoes tested for West Nile and other arboviruses ▪ Develop capacity to identify adult and larval mosquitoes and ticks by species ▪ Collaborate with Seattle Public Utilities and University of WA staff on applied research into mosquito ecology and control 	Hire seasonal temporary staff to conduct mosquito trapping; purchase microscope, traps, and other equipment and supplies; arrange for training in species identification techniques; contract for lab testing for arboviruses.	Enhanced surveillance for mosquitoes was successfully carried out in 2008 using seasonal temporary staff (UW Environmental Health undergrad students). Public Health partnered with Seattle Public Utilities contract staff and trapped mosquitoes on 437 nights, collecting a total of 11,244 mosquitoes. A dissecting microscope was purchased and students and PH staff were trained and became proficient in species identification; 203 pooled vector mosquito samples were tested for West Nile virus in collaboration with WA DOH. Due to budget cuts and SPU's elimination of their WNV program, only very limited mosquito trapping and testing was performed in 2009. The WNV Response Plan and a complete report on the WNV mosquito surveillance results can be found at www.kingcounty.gov/healthservices/health/ehs/westnile/alert.aspx

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2g	<p>Enhance capacity for zoonotic disease detection, case and outbreak investigation; strengthen coordination between PHSKC Environmental Health and Communicable Disease/ Epidemiology Section staff</p> <ul style="list-style-type: none"> ▪ Implement data systems or other methods to track joint investigations ▪ Work with WA DOH and WSU to implement lab-based reporting of animal leptospirosis and other notifiable diseases ▪ Develop zoonotic disease web pages for veterinarians including on-line case report forms ▪ Hold zoonotic disease workshop for community veterinarians ▪ Participate in cross-agency initiatives addressing impacts and mitigation of climate change 	Hire 0.5 FTE public health veterinarian/epidemiologist	<p>The following was accomplished as of 12/31/2009</p> <ol style="list-style-type: none"> 1) A comprehensive Zoonotic Disease website has been established. See the site at: www.kingcounty.gov/healthservices/health/ehs/zoonotics.aspx 2) A manual of zoonotic diseases, including reporting forms, downloadable client fact sheets and brochures, and many other resources was posted on-line for veterinarians. 3) A zoonotic disease training for King County veterinarians was presented in July, 2009. Later in 2009, zoonotic disease training was given to animal control officers at their NW regional conference. <p>- The following was partially accomplished or initiated:</p> <ol style="list-style-type: none"> 1) Zoonotic disease staff including the PH Veterinarian attended a seminar and developed some initial contacts with other agencies on climate change issues. This should set the stage for increased collaboration in 2010 and beyond. 2) Increased collaboration between Environmental Health and Communicable Disease/Epidemiology including development of an improved form and system for reporting animal bites, but a data system to track joint investigations has not been developed. <p>- The following was discussed conceptually with WSU's WA Animal Diagnostic Disease Laboratory but has not been accomplished as yet:</p> <ol style="list-style-type: none"> 1) Lab-based reporting of animal notifiable diseases.

Performance Measure #3 – Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.

Reporting Measure

A: Number and description of LHJ activities and interventions to address obesity or chronic disease and association risk factors in the community.

PM#	Activity	Resources	Status As of Dec. 31, 2009
3	SAMPLE: Contract with xyz organization to conduct community health assessment on obesity related topics	Contracted services	
3	SAMPLE: Initiate a coalition with a local school district to provide obesity prevention education	---	
3a	<p>Create a new Chronic Disease and Injury Prevention (CDIP) Section for PHSKC in order to:</p> <ul style="list-style-type: none"> • Increase linkages and integration among existing chronic disease programs (i.e. Healthy Aging, Overweight Prevention, Women’s Health, REACH, SETPS, Tobacco Prevention, Asthma Prevention, Violence and Injury Prevention), and enhance internal and external chronic disease prevention and management activities; • Lead or participate in many existing efforts to build coalitions, conduct summits, work with other organizations such as public housing agencies, and continue planning efforts focused on promotion of healthy eating and active living to prevent obesity at multiple levels and across the spectrum of prevention; 	<p>Hire a Disease Control Officer (DCO), Health Services Administrator, and support staff; to coordinate and enhance efforts of existing program staff. The DCO is also senior leader in the Food and Fitness Initiative, and 10 year Kellogg Foundation funded program to develop environments that support healthy eating and active living. 5930 funds support his involvement in this initiative. In 2008-09 during the grant period, he was Co-Director of the Steps to Health Program, which addresses obesity as one of its three major target conditions. He has played a major role in the King County Menu Labeling Ordinance development and will lead its evaluation.</p>	<p>The Chronic Disease and Injury Prevention Section was created and continues to work toward integration of all programs including Healthy Eating Active Living (HEAL), Tobacco Prevention and Control, Asthma Prevention, Women’s Health providing access to preventive screenings and violence and injury prevention (VIP). Public Health – Seattle & King County has led or supported a rich variety of community efforts including:</p> <ul style="list-style-type: none"> - Healthy and Active Rainier Valley Coalition - Community Kitchens Northwest - REACH - Healthy Kids Healthy Communities - King County Food and Fitness Initiative - Overweight Prevention Initiative - An educational campaign on transfats was undertaken

PM#	Activity	Resources	Status As of Dec. 31, 2009
3b	<p>Develop an informed strategic plan for integrating and enhancing the range of PHSKC Chronic Disease and Injury Prevention activities. This effort will include:</p> <ul style="list-style-type: none"> • An integrated approach to obesity prevention that connects healthy eating and active living with prevention and control of many chronic illnesses and traffic injuries,. • Surveying internal and external stakeholders on programs and gaps, reviewing best practices, training staff, and using data to guide program development. 	CDIP Program Staff	<p>Staff surveyed internal and external stakeholders regarding the development of the Chronic Disease/Injury Prevention Section. In addition, materials from other Public Health agencies with Chronic Disease Programs has been collected and is under review. Section mission and vision statements have been developed and goal development is underway. Managers and leaders are working together with intention to integrate their programs.</p>
3c	<p>Through the King County Board of Health Overweight Prevention Initiative http://www.metrokc.gov/health/overweight/, undertake specific activities to increase consumption of healthy food and increase levels of physical activity. This will include:</p> <ul style="list-style-type: none"> • Initiating planning and policy discussions with schools on nutrition and physical activity, and • Convening and supporting coalitions the parks systems on these same issues through the Healthy Parks Initiative and both schools and parks together where appropriate. • Continuing to lead or participate on: King County Physical Activity Coalition; STEPS, REACH, Food and Fitness Initiative, State and local bicycle and pedestrian master plans; and other coalitions and grant project. 	Staff in the Healthy Eating and Active Living Program, DCO	<p>Through a community forum approach combined with other planning activities, this group (King County Board of Health Overweight Prevention Initiative) developed a plan for creating nutrition, physical activity and built environment solutions to address the problem of overweight/obesity. The Board of Health adopted the plan, community organizations continue to work to implement the plan and Public Health helped provide coordination and feedback and ongoing planning to maintain and continue the progress. Public Health also leads and/or supports community groups including the following:</p> <ul style="list-style-type: none"> - King County Food and Fitness Initiative - Healthy Kids, Healthy Communities - REACH - Be Active Together